

**Taxpayer Request for Assessor Review
of 1.5% Uniform Fee for Registered Vehicles and Boats**

TC-702A
Rev. 4/99

County: _____ Date: _____

Owner Information

Name	Office use only (appeal no.)	
Street address	Telephone number	
City	State	Zip

Appeal Information

Reasons for appeal

- ☐ High mileage documented as of January 1 of this year
- ☐ Significantly damaged condition as of January 1 of this year. Must be documented by a signed statement from a bonded dealer or a bonded body shop (ATTACH ORIGINAL SIGNED STATEMENT)
- ☐ Other: _____

Vehicle Information

Vehicle location (complete address where kept, city, state, zip)				Office use only (tax area)	
Vehicle Type (check one)					
<input type="checkbox"/> Motor home	<input type="checkbox"/> Travel trailer or truck camper				
<input type="checkbox"/> Street motorcycle	<input type="checkbox"/> Commercial truck				
<input type="checkbox"/> Off-highway vehicle	<input type="checkbox"/> Commercial and utility trailers				
<input type="checkbox"/> Boat	<input type="checkbox"/> Other: _____				
<input type="checkbox"/> Personal watercraft					
Vehicle identification number			Odometer reading as of January 1 of this year		
Year	Make	Model	Body style	Number of cylinders	Gross weight

Damaged condition—cost to repair per signed statement from a bonded dealer or a bonded body shop: \$ _____

Owner/Authorized Designee Signature

If form is completed by someone other than the owner, that person must attach an authorization form signed by owner.

I certify that all statements presented on this form and before the Board are true, complete, and correct to the best of my knowledge.

Signature

Date

- ☐ Owner
- ☐ Authorized designee (ATTACH AUTHORIZATION FORM)